

CITY OF MOUNTAIN VIEW

AGE-FRIENDLY CITY TASK FORCE APPLICATION

266 ESCUELA AVENUE • POST OFFICE BOX 7540 • MOUNTAIN VIEW, CALIFORNIA, 94039-7540 • 650-903-6330

(Print or Type)

Name: _____ Bus. Phone (____) _____
 First Middle Last

Home Address: _____ Zip Code _____

E-mail: _____ Res. Phone (____) _____

Years in Mountain View: _____ Are you a registered voter in Mountain View? ☐ Yes ☐ No

Present Employer: _____ Your Occupation: _____

Employer's Address: _____

Briefly describe the qualifications you possess (such as employment or community experiences and education) which you feel would be an asset to the Age-Friendly City Task Force.

List the community organizations in which you have participated and describe participation.

What do you think are the major issues facing seniors in Mountain View?

I have sufficient time to devote to this responsibility and plan to attend the required meetings if selected.

Signature _____ Date: _____

Mail directly to the Mountain View Senior Center, Post Office Box 7540, Mountain View, California, 94039-7540, or e-mail with an original signature to *michele.petersen@mountainview.gov*.

APPLICATIONS ARE DUE BY FRIDAY, MAY 26, 2017